



# *Michigan Association of Health Plans*

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I am Christine Shearer, Deputy Director of Legislation and Advocacy for the Michigan Association of Health Plans. Our organization represents 15 health plans serving over 2.5 million Michigan citizens in commercial, Medicaid, and Medicare products, and 55 business and limited members.

I am here today to represent the views of our members in opposing Senate Bills 237, 238, and 239. I don't want to overwhelm you with numbers and acronyms, but a few will be necessary to explain the position of our Medical Directors' Committee.

Our member plans support and encourage timely vaccination of their members. Vaccination is about the single best advance in medicine — ever. This legislation, however, seems at odds with its goals — making sure children are appropriately immunized according the Advisory Committee for Immunization Practices (ACIP) of the Center for Disease Control (CDC) and improving public health.

Michigan's health plans are some of the best in the nation in quality and consumer satisfaction. They are dedicated, innovative and committed in their approach to meeting the national quality accreditation benchmarks set by the National Committee for Quality Assurance (NCQA). Part of the assessment of a health plan's performance is measured through data collected about specific events of care and service. The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans. Altogether, HEDIS consists of 75 measures across 8 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.

There is a specific HEDIS measurement for immunizations. For children and adolescents, they must have certain types BEFORE they turn 13 years and 0 days.. If the immunization is given even one day past their member's 13 birthday, they are given a failing grade for that child. Most children can start these types of vaccines when they turn 11. They have two year to complete the series.

In addition, our Medicaid plans are contracted through the state to provide a certain level of care and are monitored by MDCH which is monitored by CMS for quality for these HEDIS Measures. There are consequences for Health Plans and MDCH for not meeting these measures.

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This legislation pushes back the grade for schools to report compliance. Limiting the time available for a child to get up to date. MAHP feels limiting reporting to a single grade is the wrong approach. This change does not facilitate the improvement of public health as MDCH and the health plans are not working synergistically. Instead reporting should be made school-wide and be age based. This is a better approach on many levels.

What happens to those kids not keeping up with their grade? How many children are held back each year? How many parents delay the start of school for their children because they are not ready? I requested some age/grade data from the Michigan Department of Education, but have not yet received it.

Last session the Michigan Legislature passed a bill to increase the minimum age of kindergarten admission over the next few years, further increasing the age of each successive grade. Also increasing the possibility of kids being past the recommended age for vaccination by the time they reach the 7<sup>th</sup> grade.

Keeping the reporting age-based is consistent with the immunization schedule published by the CDC, requirement from NCQA HEDIS measures, the MDCH Adolescent Immunization Toolkit published on the MDCH website ([http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5104\\_5281-232632--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5104_5281-232632--,00.html)) and reporting in the Michigan Care Improvement Registry (MCIR).

There is no mention of grade in any of these. By giving parents the message that immunizations are required by a certain grade, schools are diluting the significance of the CDC recommendations. It sends a mixed message, why confuse the issue further? By keeping a consistent age-based communication for the public, we can work together to improve Michigan's immunization rate in improve our public health.

During conversations the MAHP Medical Directors had with the Department, an aspect of concern was that doctors report a rush for immunization before the start of school. By changing the grade reporting, this problem would only be alleviated for one year. The following year the rush would be back on. If the requirement were age-based, children would more likely get their immunizations at different times of the year, thereby avoiding a pre-grade rush.

If new vaccines are developed and recommended, an age-based approach could by-pass the need for new legislation, and in the end,

simplify reporting. When we asked about the possibility of somehow making reporting age rather than grade specific, we were informed that the schools would have a hard time with it, because they have never done it that way before. I find it ironic that for schools to report vaccination compliance, they will check MCIR for students in a specific grade, but only IF they are of a certain age. They are already putting their list together based on age.

Our medical directors were planning to work with both MDCH and MDE to develop a better approach. But with busy schedules, other commitments and an accelerated time frame based on the department's wish to have this in place for a July 1 start date, those discussions have not taken place.

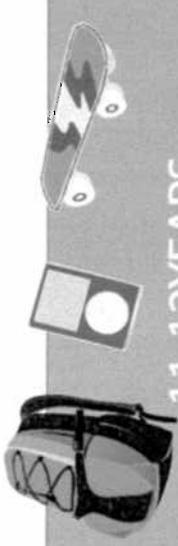
We suggest amending the legislation to do away with the grade entirely. Require all schools to report on specific dates of your choosing, and keep the message as simple as possible. Lets not get caught up in the paper work and forget the person. There is a child and a family. We want them immunized, because it is good for them and it is good for Michigan's Public Health.

The MAHP Medical Directors respectfully ask that if no amendment can be agreed upon, that you vote against this bill, and leave the sixth grade reporting as-is, or add the requirement for reporting in seventh grade as well.

Thank you.



# 2013 Recommended Immunizations for Children from 7 Through 18 Years Old

7-10 YEARS	11-12 YEARS	13-18 YEARS
		
Tdap <sup>1</sup>	Tetanus, Diphtheria, Pertussis (Tdap) Vaccine	Tdap
MCV4	Human Papillomavirus (HPV) Vaccine (3 Doses) <sup>2</sup>	HPV
	Meningococcal Conjugate Vaccine (MCV4) Dose 1 <sup>3</sup>	MCV4 Dose 1 <sup>3</sup>
	Influenza (Yearly) <sup>4</sup>	Booster at age 16 years
	Pneumococcal Vaccine <sup>5</sup>	
	Hepatitis A (HepA) Vaccine Series <sup>6</sup>	
	Hepatitis B (HepB) Vaccine Series	
	Inactivated Polio Vaccine (IPV) Series	
	Measles, Mumps, Rubella (MMR) Vaccine Series	
	Varicella Vaccine Series	

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series<sup>6</sup>. See vaccine-specific recommendations at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

## FOOTNOTES

- <sup>1</sup> Tdap vaccine is combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTap vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7 - 10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.
- <sup>2</sup> All 11 or 12 year olds – both girls and boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. Either HPV vaccine (Cervarix<sup>®</sup> or Gardasil<sup>®</sup>) can be given to girls and young women; only one HPV vaccine (Gardasil<sup>®</sup>) can be given to boys and young men.
- <sup>3</sup> Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.
- <sup>4</sup> Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.
- <sup>5</sup> A single dose of Pneumococcal Conjugate Vaccine (PCV13) is recommended for children who are 6 - 18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccine and what factors may place your child at high risk for pneumococcal disease.
- <sup>6</sup> Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your healthcare provider about HepA vaccine and what factors may place your child at high risk for HepA.



U.S. Department of Health and Human Services  
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## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

**Diphtheria** (Can be prevented by Tdap vaccine)

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

**Hepatitis A** (Can be prevented by HepA vaccine)

Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

**Hepatitis B** (Can be prevented by HepB vaccine)

Hepatitis B is an infection of the liver caused by hepatitis B virus. The virus spreads through exchange of blood or other body fluids, for example, from sharing personal items, such as razors or during sex. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

**Human Papillomavirus** (Can be prevented by HPV vaccine)

Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

**Influenza** (Can be prevented by annual flu vaccine)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

**Measles** (Can be prevented by MMR vaccine)

Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory

droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist; rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

**Meningococcal Disease** (Can be prevented by MCV vaccine)

Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing or kissing. Symptoms include nausea, vomiting, sensitivity to light, confusion and sleepiness. Meningococcal disease also causes blood infections. About one of every ten people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

**Mumps** (Can be prevented by MMR vaccine)

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headaches, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely can lead to sterility in men.

**Pertussis (Whooping Cough)** (Can be prevented by Tdap vaccine)

Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

**Pneumococcal Disease**

(Can be prevented by Pneumococcal vaccine)

Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal

cord), bacteremia and sepsis (blood stream infection). Sinus and ear infections are usually mild and are much more common than the more severe forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss and limb loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

**Polio** (Can be prevented by IPV vaccine)

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

**Rubella (German Measles)** (Can be prevented by MMR vaccine)

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

**Tetanus (lockjaw)** (Can be prevented by Tdap vaccine)

Tetanus is caused by bacteria found in soil. The bacteria enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. Three of ten people who get tetanus die from the disease.

**Varicella (Chickenpox)** (Can be prevented by varicella vaccine)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

If you have any questions about your child's vaccines, talk to your healthcare provider.